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Clear Form

1 RICHARD A. STICKING
2 CLERK, U.S. DISTRICT COURT
3 CIRCUIT COURT
4 CALIFORNIA

5 Coming

8 UNITED STATES DISTRICT COURT
9 NORTHERN DISTRICT OF CALIFORNIA

10 John B. Prog Plaintiff,

11 vs.
12 Michael J. Astrue
13 (Comm. of Soc. Secy.)
14 Defendant.

15) CV 08 2094
16) CASE NO. 2094
17) WHA

18) APPLICATION TO PROCEED
19) IN FORMA PAUPERIS
20) (Non-prisoner cases only)

21 I, John B. Prog, declare, under penalty of perjury that I am the plaintiff
22 in the above entitled case and that the information I offer throughout this application is true and
23 correct. I offer this application in support of my request to proceed without being required to
24 prepay the full amount of fees, costs or give security. I state that because of my poverty I am
25 unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

26 In support of this application, I provide the following information:

27 1. Are you presently employed? Yes No

28 If your answer is "yes," state both your gross and net salary or wages per month, and give the
29 name and address of your employer:

30 Gross: _____ Net: _____

31 Employer: _____

32 _____

33 If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 Date of last employ December 1999

3 Wages: \$10.00 per hour (20,000.00 gross)

4

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

7 a. Business, Profession or Yes No

8 self employment?

9 b. Income from stocks, bonds, Yes No

10 or royalties?

11 c. Rent payments? Yes No

12 d. Pensions, annuities, or Yes No

13 life insurance payments?

14 e. Federal or State welfare payments, Yes No
Social Security or other govern-
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ment source?

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

Source of Income: Social Security Insurance; 4000.
Social Security Disability 7,000.00

3. Are you married? Yes No

Spouse's Full Name: N/A

Spouse's Place of Employment: _____

Spouse's Monthly Salary, Wages or Income:

Gross \$ _____ Net \$ _____

4. a. List amount you contribute to your spouse's support: \$ _____

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor

1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

2 _____

3 _____

4 5. Do you own or are you buying a home? Yes No

5 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6 6. Do you own an automobile? Yes No

7 Make Oldsmobile Year 1984 Model 98

8 Is it financed? Yes No If so, Total due: \$ _____

9 Monthly Payment: \$ _____

10 7. Do you have a bank account? Yes No (Do not include account numbers.)

11 Name(s) and address(es) of bank: Wells Fargo

12 Present balance(s): \$ \$40.00

13 14 Do you own any cash? Yes No Amount: \$ \$20.00

15 16 Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes No

18 8. What are your monthly expenses?

19 Rent: \$ 0.00 Utilities: 0.00

20 Food: \$ 600.00 Clothing: 50.00

21 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
<u>No accts</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

26 27 9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

28 No other debts

1
2 10. Does the complaint which you are seeking to file raise claims that have been presented in
3 other lawsuits? Yes No
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5 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
6 which they were filed.
7

8 No prior lawsuits

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10 I declare under the penalty of perjury that the foregoing is true and correct and understand that a
11 false statement herein may result in the dismissal of my claims
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14 DATE
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14 SIGNATURE OF APPLICANT
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10 April 22, 2008